## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE		
			BEST AVAIL	ADIE	
FEE DETERMINATION			OLO MAN	typre	COPY
O.I.P.E. CLASSIFIER					
FORMALITY REVIEW					
RESPONSE FORMALITY REVIEW					
•	Δ			_	

## INDEX OF CLAIMS

1	Rejected	N	Non-elected
=	Allowed	- 1	Interference
	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

· -		
Claim Date	Claim Date	Claim Date
Final 2 Original 2 3/25/03	Pinal Original	Original
	51	101
21	52	102
	53	103
	54	104
	55	105
	56	106
	57	107
	58	108
	59	109
1107	60	110
	61	111
	62	112
	63	113
18 /	64	114
(15)	65	115
16 1	66	116
17 🗸	67	117
18 V	68	118
19 🗸	69	119
20 V	70	120
21 /	71	121
	72	122
22 1	73	123
24 /	74	124
25	75	125
26	76	126
27	77	127
28	78	128
29	79	129
30	80	130
31	81	131
32	82	132
33 (	83	133
	84	134
34 35	85	135
36	86	136
37	87	137
38	88	138
39	89	139
40	90	140
41	91	141
42	92	142
43	93	143
44	94	144
45	95	145
46	96	146
46 47	97	147
48	98	148
48 49	99	149
50	100	150
	[1'*_7]	

If more than 150 claims or 10 actions staple additional sheet h re

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